

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Norbeck				Montgomery			
Date of death 1905		Month	Day	Years	Months	Days	
Sept.			27	50	—	—	
Sex	Male		Color or Race	Colored		Birth-place	Montg. Co. Md.
Married, Single or Widowed	Widower			Occupation	Farm hand		
Name of Wife or husband	Laura Adams						
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Joseph Snowden					How related to deceased	No relation.

CAUSES OF DEATH

Primary	Bright's Disease		How long	About 6 months
Immediate	Dropsy		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Chas. Parquhar.
			Address	Q. Lee.
				Md.
Accident or Suicide?				



Name
in
Full

Margaret Elizabeth Bauer

CERTIFICATE OF DEATH

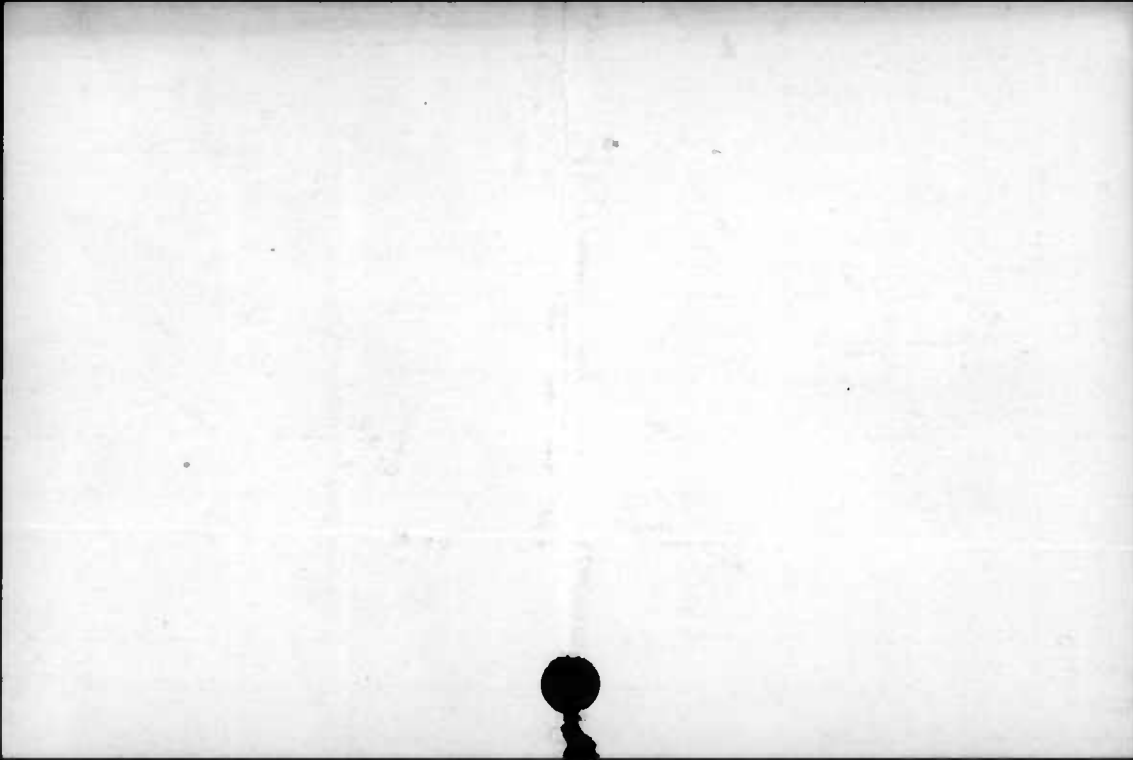
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Takoma</i> Town		<i>Montg.</i> County		MARYLAND	
Date of death	1904	Month	<i>Sept</i>	Day	<i>16</i>
Age		<i>23</i>		Months	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ill.</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Benj. F. Bauer</i>			
Father's Name	<i>Geo. Samich</i>			Father's Birthplace	<i>Ill.</i>
Mother's Maiden Name	<i>Laura Collins</i>			Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>Benj. Bauer</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>About 6 months</i>
Immediate	<i>Asphyxia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Brown</i>	
<i>Yes</i>		Address <i>Silver Spring Md.</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Maria Roberta Beall

Town

County

Died at

Darnestown Montgomery MARYLAND

1905

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

9.

4.

Age

70

Md.

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Mammary Carcinoma 4 1/2 years

Death

Immediate

Active Hemorrhage

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65000

Name
in
Full

CERTIFICATE OF DEATH

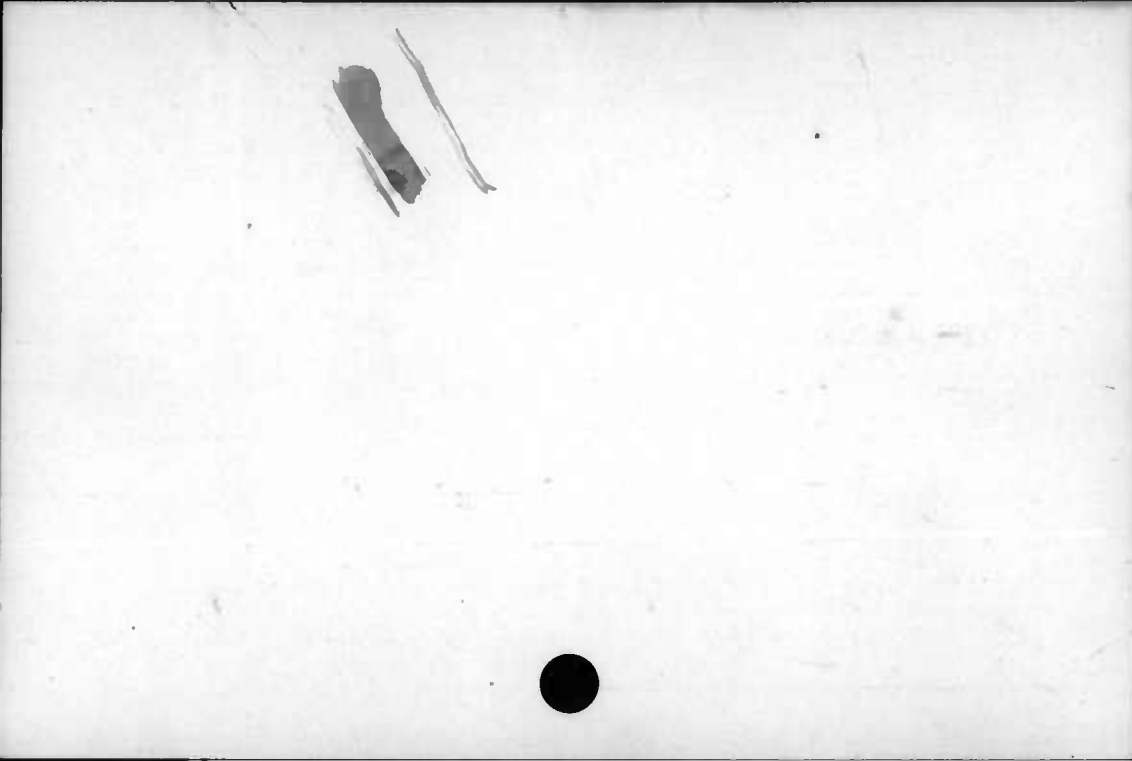
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Arson M. Belt</i>		Town <i>near Hunting Hill</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Died at <i>near Hunting Hill</i>		Month <i>9</i>		Day <i>17</i>		Years <i>85</i>	
Date of death <i>1905</i>		Month <i>9</i>		Day <i>17</i>		Age <i>85</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>—</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>		Days <i>4</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Addison Belt</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Elizabeth A. Carrington</i>		Mother's Birthplace <i>Virginia</i>					
Name of person giving information <i>Maria Coe</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile debility</i>	How long <i>154</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide?	



Name
in
Full

Alfred A. Black

CERTIFICATE OF DEATH

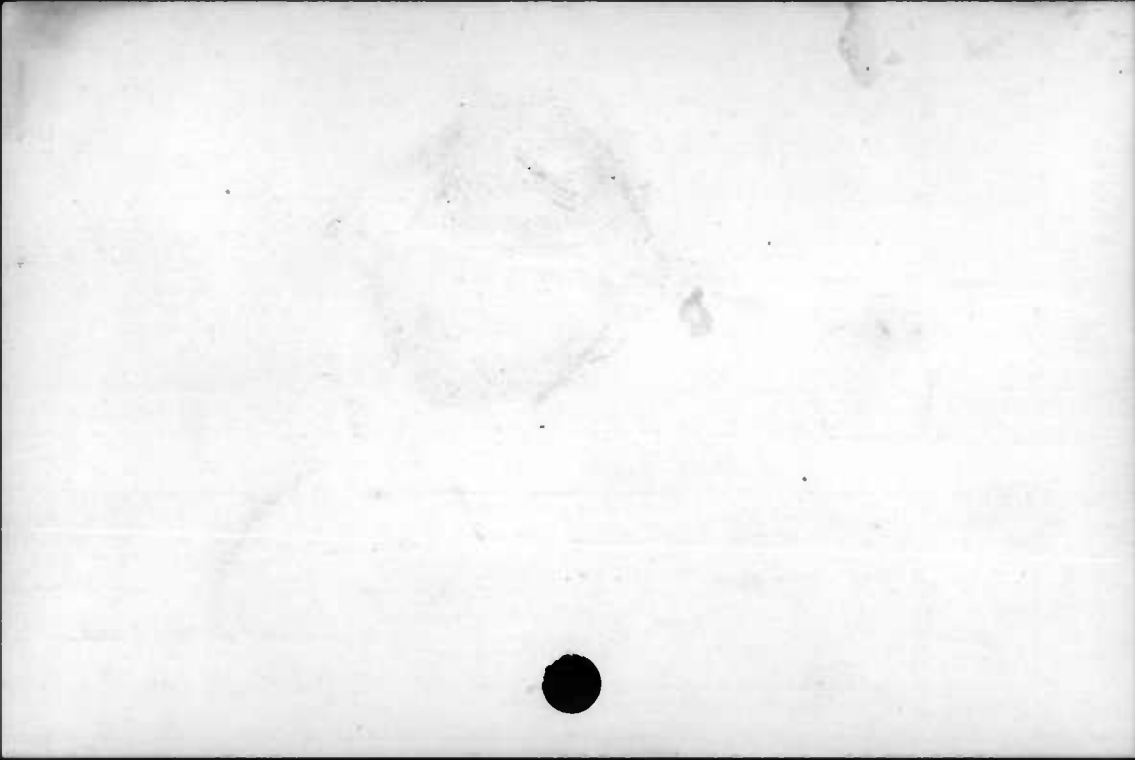
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Glen</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>Sept</i>	Day <i>25</i>	Age <i>11</i> ^{Years}	Months <i>5</i>	Days <i>X</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Near Glen</i>		
Occupation <i>School boy</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Asbury Black</i>			Father's Birthplace <i>Balto County</i>		
Mother's Maiden Name <i>Junie Brown</i>			Mother's Birthplace <i>Montgomery County</i>		
Name of person giving information <i>Asbury Black</i>			How related to deceased <i>Parent</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gun shot wound</i>	How long <i>Immediate death</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo R. Bell, Coroner</i>
	Address <i>Patuxent Md</i>
Accident or Suicide? <i>accident</i>	



Name
in
Full

Sarah Boss

CERTIFICATE OF DEATH

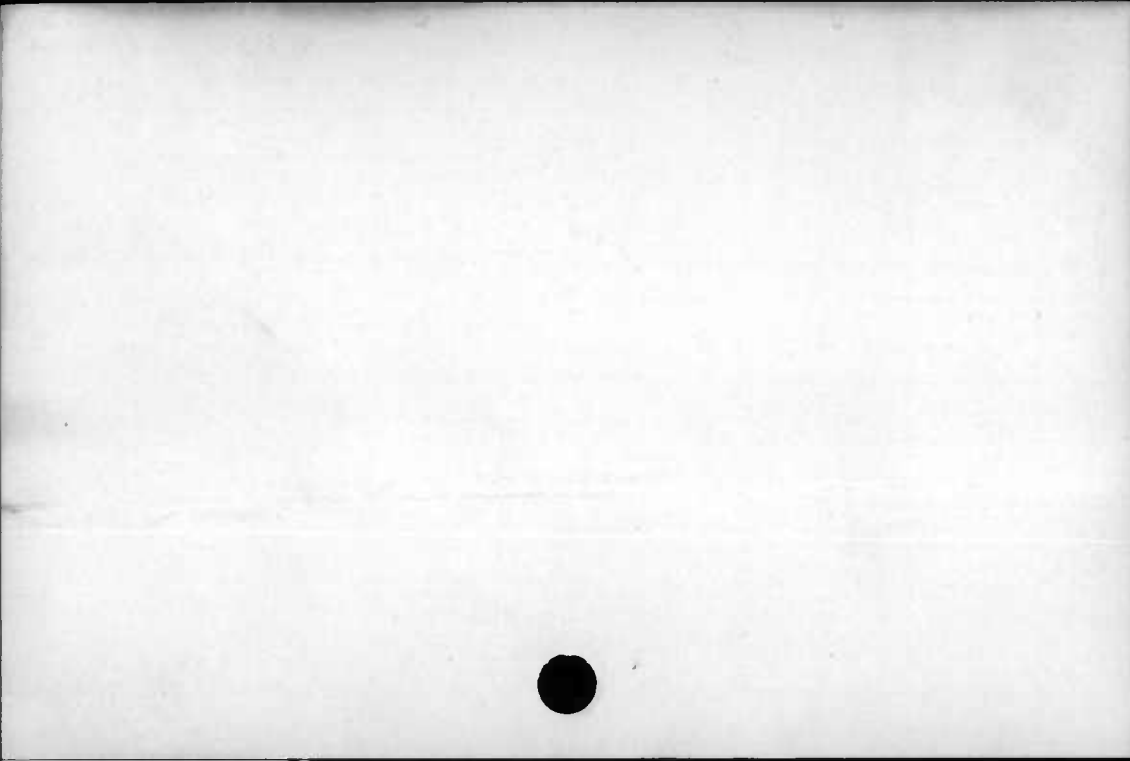
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Washington</u> Town		<u>McC</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Sept</u>	Day <u>22</u>	Years <u>47</u>	Months <u>9</u>	Days <u>28</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Pa</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Spencerville</u>				
Married, Single or Widowed	Name of Wife or Husband <u>James G. Boss</u>				
Father's Name <u>Thomas Bartlett</u>	Father's Birthplace <u>Pa</u>				
Mother's Maiden Name	Mother's Birthplace <u>Pa</u>				
Name of person giving information <u>James Boss</u>	How related to deceased <u>son</u>				

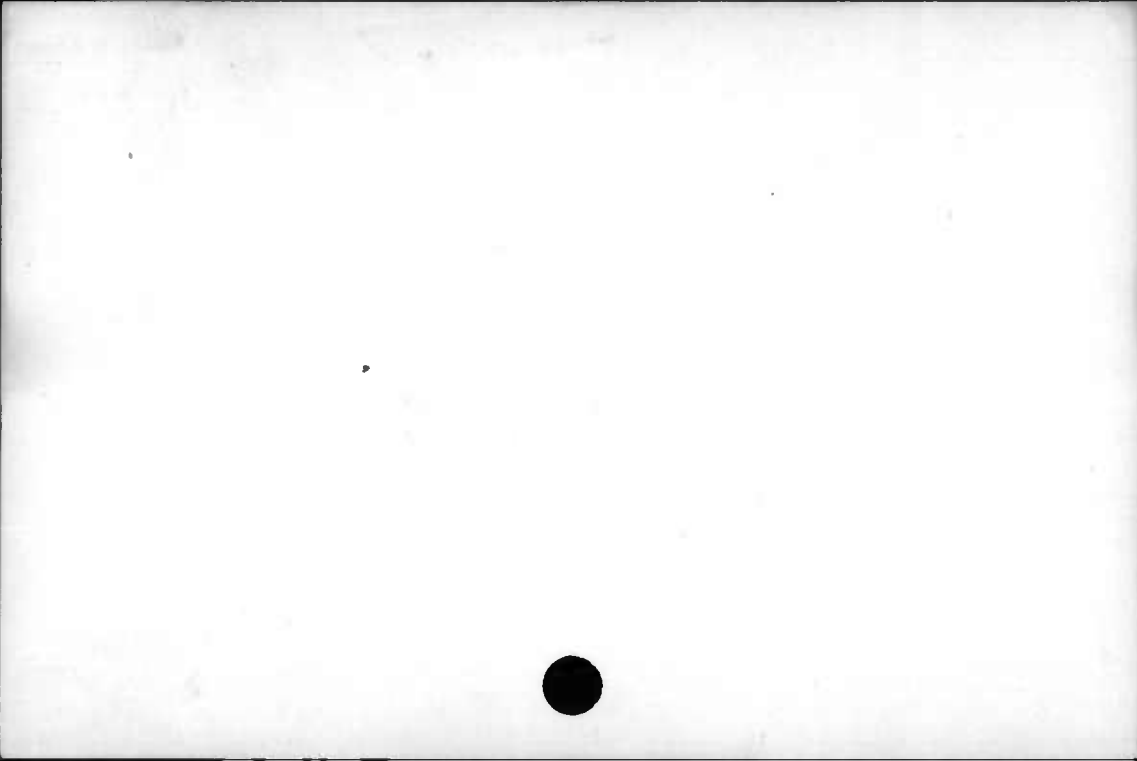
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cancer of Uterus</u>	How long <u>6 months</u>
Immediate <u>Hemorrhage</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. R. Butner</u>
	Address <u>Spencerville</u>
Accident or Suicide?	



Name in Full		Brunner		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Martinsburg</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
	Date of death <i>1905</i>	<i>September</i> <small>Month</small>	<i>2</i> <small>Day</small>	<i>Still-born</i> <small>Years</small>	<i>0</i> <small>Months</small>	
	Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Martinsburg Md</i>		
	Occupation <i>—</i>		Where Residing if not at place of death <i>Martinsburg Md</i>			
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
	Father's Name <i>Henry Brunner</i>		Father's Birthplace <i>Martinsburg</i>			
	Mother's Maiden Name <i>Mary Edorsey</i>		Mother's Birthplace <i>Martinsburg</i>			
Name of person giving Information <i>Harriet Rideout</i>				How related to deceased <i>Midwife</i>		
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Still born</i>		How long <i>—</i>			
	Immediate <i>—</i>		How long <i>—</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. L. Lott sub reg</i>			
			Address <i>Belleville Md</i>			
Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

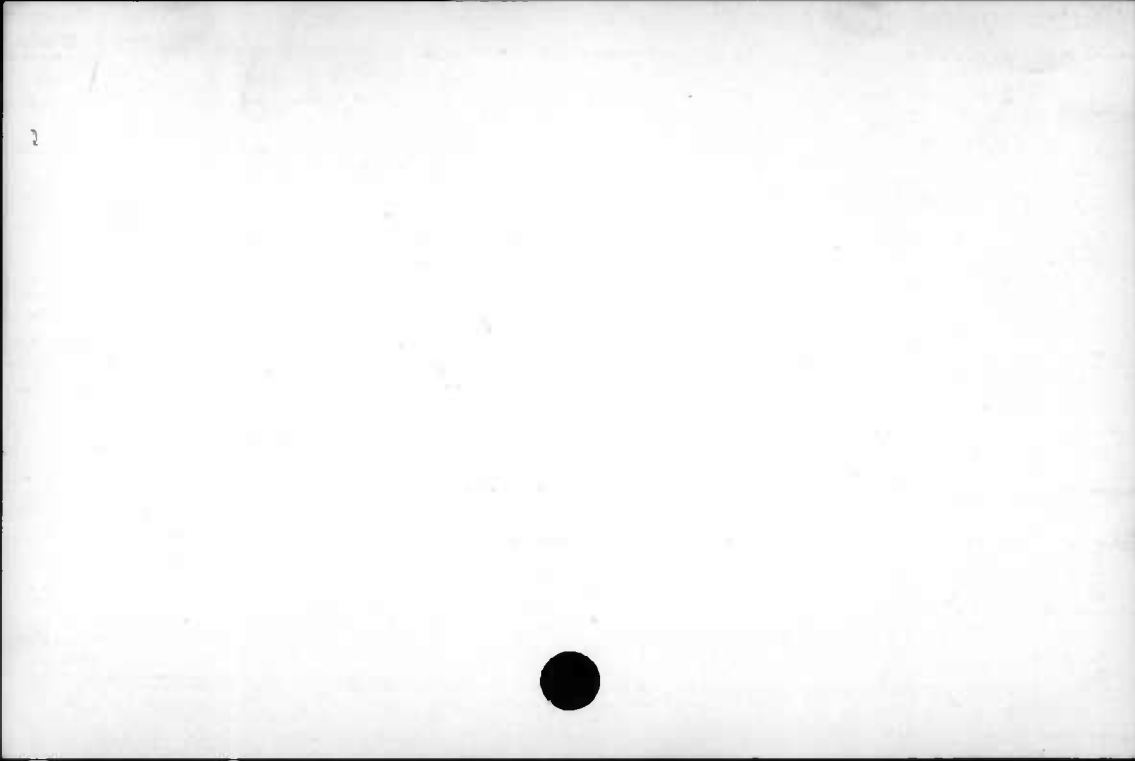
TO BE ANSWERED BY
NEAREST FRIEND

Name *John Dade* Town *Ruck Lodge* County *Murty*
Died at
Date of death *1905* Month *9* Day *14* Age *87* Years Months Days
Sex *Male* Color or Race *White* Birth-place *Murty Co*
Occupation *Farmer* Where Residing if not at place of death
Married, ~~Single~~ or ~~Widow~~ Name of Wife or Husband *Lizzie Dade*
Father's Name Father's Birthplace
Mother's Maiden Name Mother's Birthplace
Name of person giving information *Physician* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Senile decay* How long *54*
Immediate
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *U. D. House M.D.*
Address *Danversville Ind.*
Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

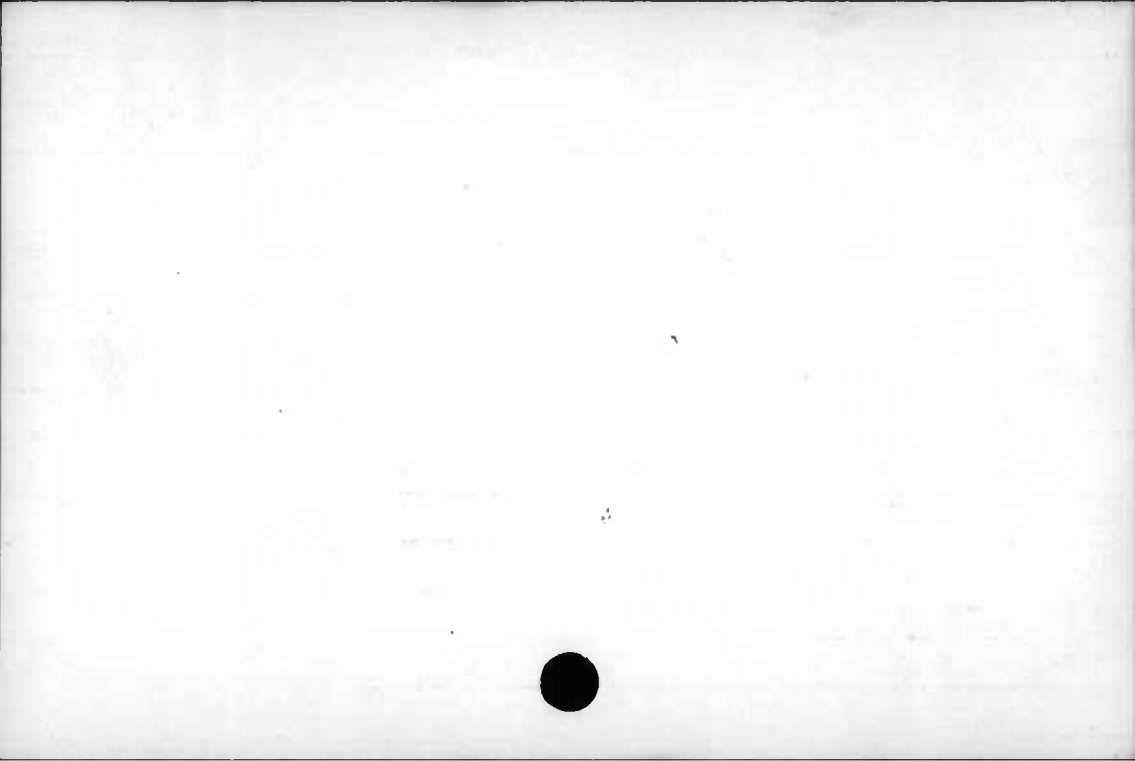
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Danversville</i>		County <i>Henry Co.</i>		MARYLAND	
Date of death	1905	Month	9	Day	13
Age	78	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Henry Co. Md.
Occupation	Surveyor		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Stomach</i>	How long	<i>1 yr.</i>
Immediate	<i>Asphyxia</i>	How long	<i>10.00 hr.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. D. House W. D.</i>
		Address	<i>Danversville Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>London</i> Town		<i>Harris</i> County		MARYLAND	
Date of death <i>1905</i> Month <i>Sep.</i> Day <i>7</i>		Age <i>—</i> Years		Months <i>3</i>	Days <i>20</i>
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>London</i>	
Occupation <i>✓</i>		Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>✓</i>			
Father's Name <i>Albert Harris</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Fannia White</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Albert Harris</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>3 weeks</i>
Immediate <i>" "</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. L. Levin</i>
	Address <i>Kensington</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

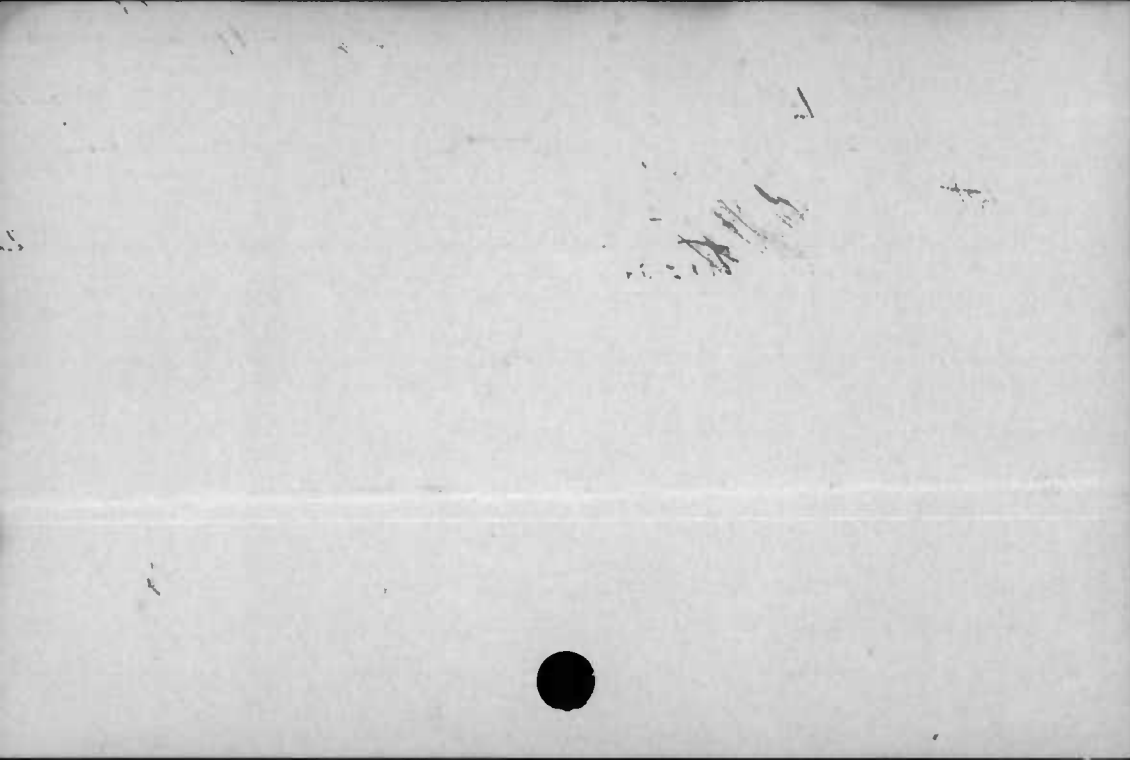
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Remus E. Hill.</i>		Town <i>Norwood</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Norwood</i>		Date of death <i>1905</i>		Month <i>Sept.</i>		Day <i>19</i>	
Age <i>—</i>		Years <i>—</i>		Months <i>3</i>		Days <i>20</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Norwood</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>Norwood</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>C. T. Hill</i>				Father's Birthplace <i>Ashley</i>			
Mother's Maiden Name <i>Lucy V. Hill</i>				Mother's Birthplace <i>Sandy Spring</i>			
Name of person giving information <i>Father</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robert Brooke M.D.</i>
	Address <i>Sandy Spring, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

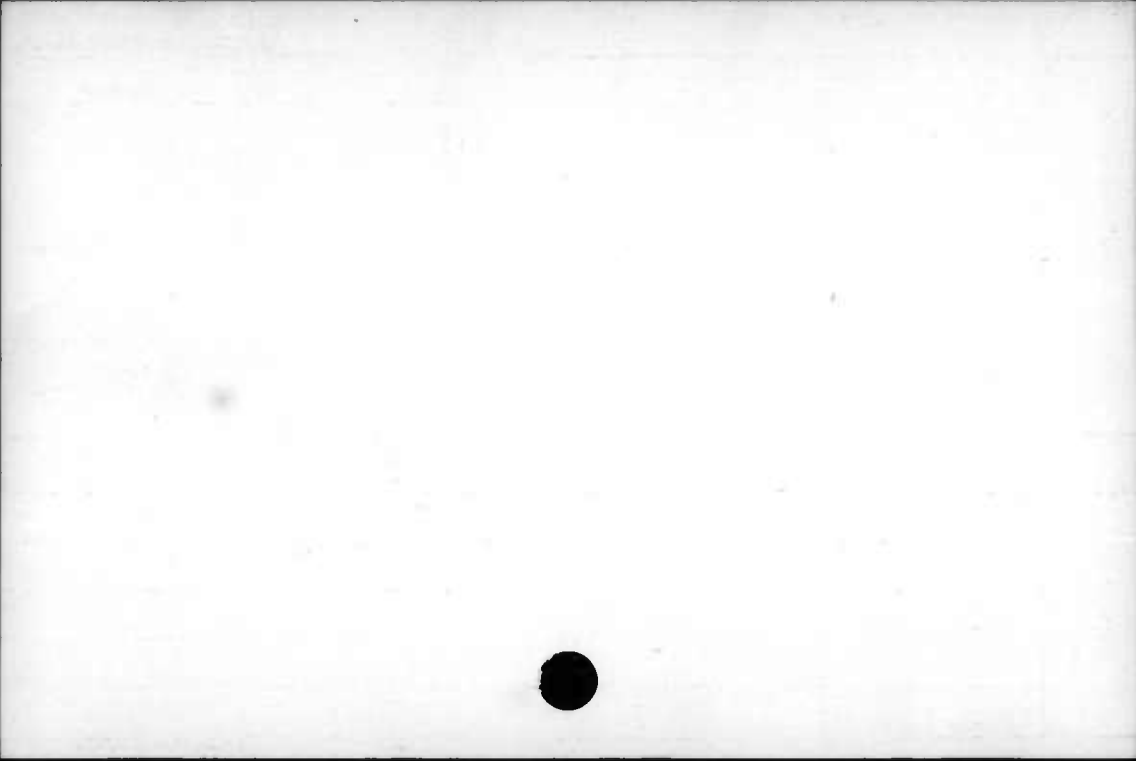
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lincoln</i> Tcwn <i>Pais</i> County <i>Montgomery</i>		MARYLAND				
Date of death <i>1905</i>	Month <i>sep</i>	Day <i>18</i>	Age <i>7</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Md</i>				
Occupation <i>L</i>	Where Residing if not at place of death <i>L</i>					
Married, Single or Widowed <i>X</i>		Name of Wife or Husband				
Father's Name <i>Henry Jackson</i>		Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Susanna Jackson</i>		Mother's Birthplace <i>Md</i>				
Name of person giving information		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long
Immediate <i>Cerebral Effusion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo H. Wright</i>
<i>True Copy</i>	Address <i>Forest Glen</i>
Accident or Suicide? <i>W.H.L.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

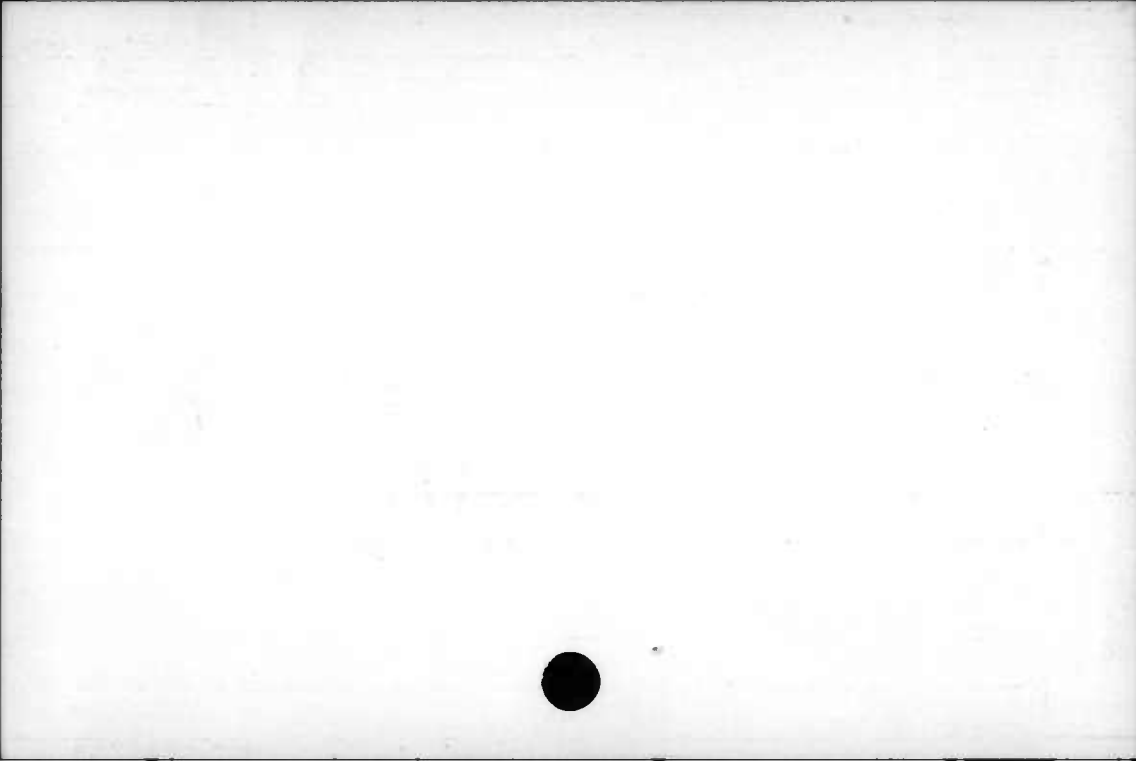
MARYLAND

Died at <i>Kennedy</i> ^{Town}		<i>Montgomery</i> ^{County}			
Date of death	1905	Month	Sept	Day	27
				Age	50
Sex	<i>Male</i>		Color or Race	<i>Negro</i>	
Occupation	<i>Lab.</i>		Birth-place	<i>md</i>	
			Where Residing if not at place of death <i>md</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>md</i>	
Father's Name	<i>Jerry Johnson</i>			Father's Birthplace	<i>md</i>
Mother's Maiden Name	<i>Ann Johnson</i>			Mother's Birthplace	<i>md</i>
Name of person giving information	<i>md</i>			How related to deceased	<i>md</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Alcoholism</i>	How long	<i>56</i>
Immediate	<i>Heart failure</i>	How long	<i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. L. Lewis</i>	
		Address <i>Kennedy Md.</i>	
Accident or Suicide? <i>md</i>			



Name
in
Full

Wm James Kelley

CERTIFICATE OF DEATH

MARYLAND

Died at *Thosington* TownCounty *Montgomery*Date of death *1905 Sep.*Day *16*

Age

Years

Months

Days

*22*Sex *male*

Color or Race

white

Birth-place

Thosington

Occupation

✓

Where Residing if not at place of death

✓

Married, Single or Widowed

Single

Name of Wife or Husband

✓

Father's Name

Thos A. Kelley

Father's Birthplace

md

Mother's Maiden Name

Josue C. Ranney

Mother's Birthplace

md

Name of person giving information

J. A. Kelley

How related to deceased

father

CAUSES OF DEATH

Primary

Mercasman

How long

22 days

Immediate

"

How long

" "

Are the name, age, sex, color, date and place correctly given above?

yes

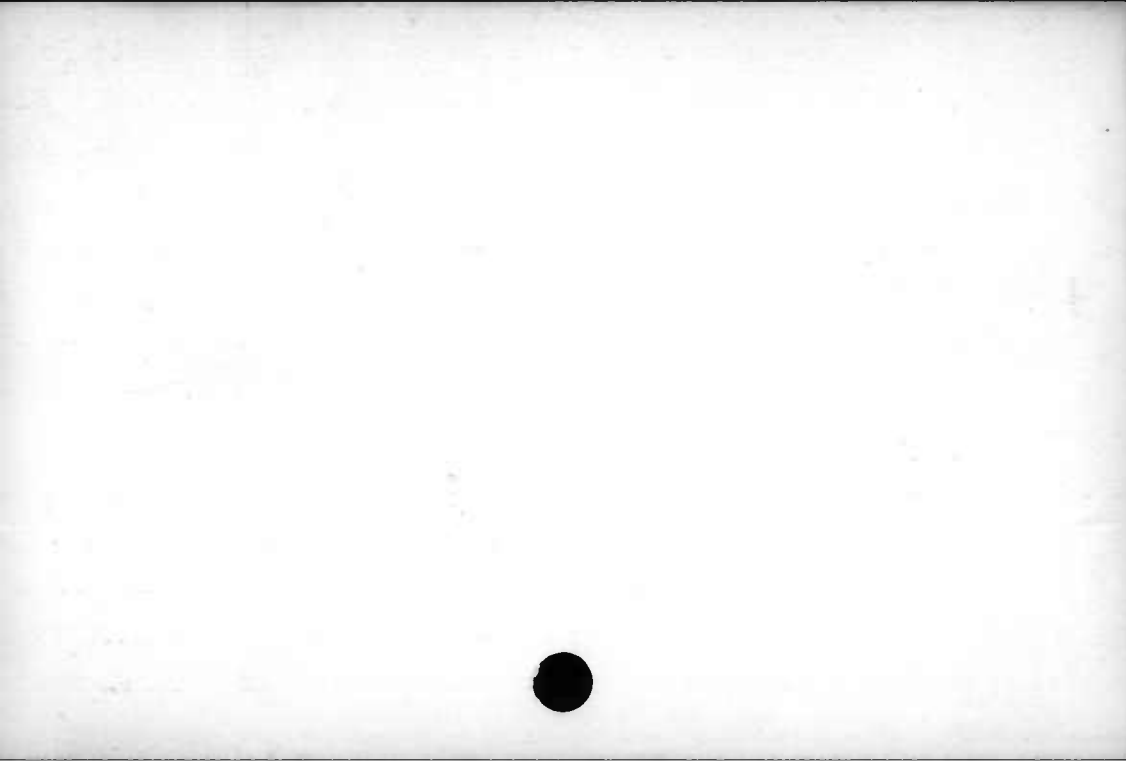
Signature of Physician

Address

*W. L. Lewis MD**Thosington**md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

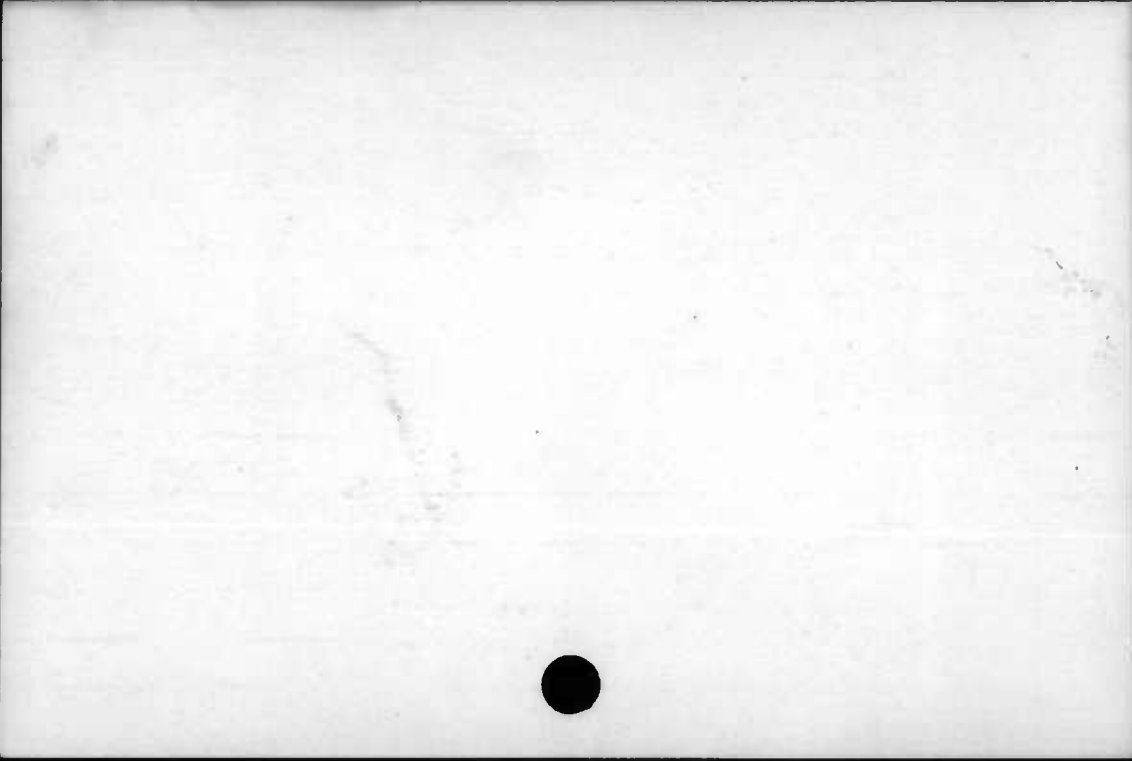
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Albert Lester</i>		Town <i>Mantua</i>		County <i>Monk</i>		MARYLAND	
Died at <i>Mantua</i>		Month <i>9</i>		Day <i>23</i>		Age <i>11. 30</i>	
Date of death <i>1905</i>		Month <i>9</i>		Day <i>23</i>		Age <i>11. 30</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>		How long <i>3 weeks</i>	
Immediate <i>E. Coli</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Smith</i>	
		Address <i>Rockville Md</i>	
Accident or Suicide?			



Name
in
Full

Caroline H. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sandy Spring		County Montgomery		MARYLAND	
Date of death	1905	Month 9	Day 2	Age Years	74.	Months	8
Sex	Female		Color or Race	white		Birth- place	Virginia
Occupation	none of late years			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			Francis Miller			
Father's Name	Benjamin H. Hollowell				Father's Birthplace	Pennsylvania	
Mother's Maiden Name	Margaret Farguehar				Mother's Birthplace	Pennsylvania	
Name of person giving Information	H. H. Miller son				How related to deceased	son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Sub-acute Gastritis	How long	40	six months
Immediate	Malignant tumor of stomach	How long	three months	
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		Roger Brooker		
Address		Sandy Spring		
Accident or Suicide?				



Neal Musgrove

Town

County

MARYLAND

Died at

Woodfield

Mont

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

65-

9

25-

Age

0

3

7

U.S.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Walter Musgrove

Mother's

Maiden Name

Lana Carter

Cause of

Primary

Inanition

How long sick

6 weeks

Death

Immediate

Same

Accident, Suicide, Homicide

Reported by

P. J. Lousdale M.D.

Address

Damascus Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

Levin Affert
Town *Seems* County *Montgomery*

MARYLAND

Died at

Date

of death 1905

Month

9

Day

22

Years

Age 87

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Ind

Occupation

Mechanics

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Rachel. Leah

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

old age

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

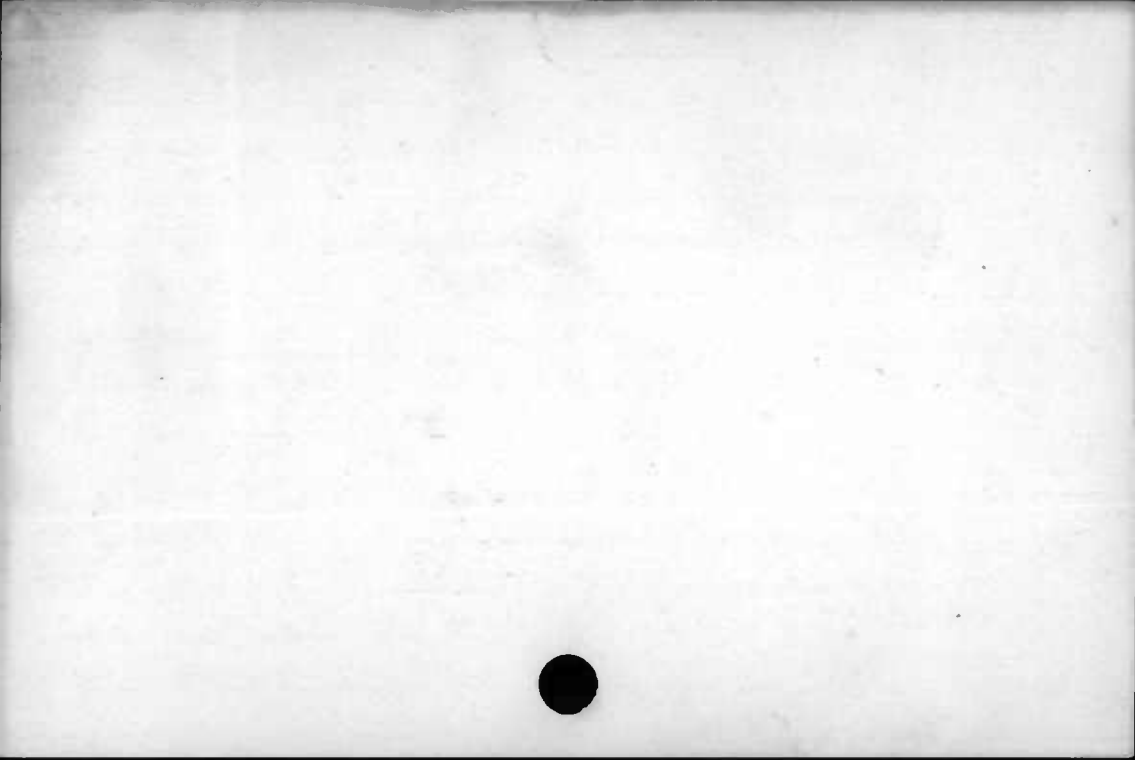
O. M. Fintham

Rockville

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Nelson Reamy

Town

County

Died at

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

9

2

0

4

6

D.C.

Age

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Nervousness

Death

Immediate

Exhaustion

How long sick

During life

Accident, Suicide, Homicide

Reported by

J. Wallace

Address

1213 14th St

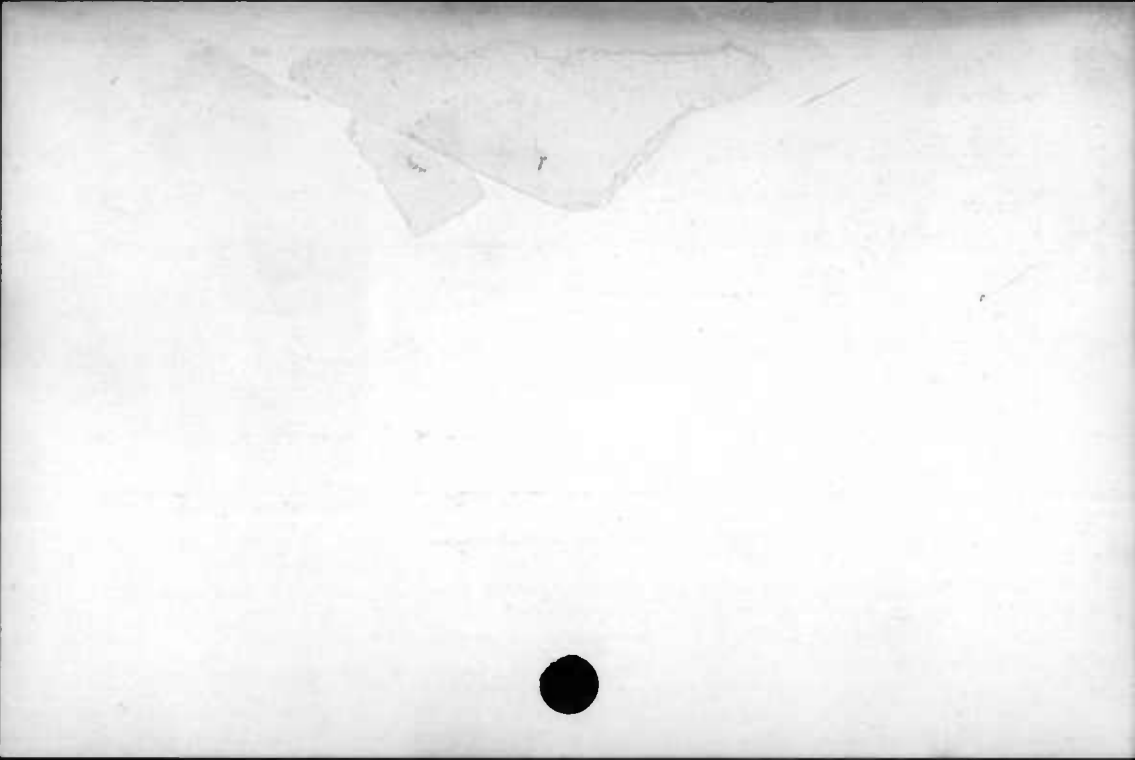
Wash D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Dr W. L. Lewis,
Kensington
Mon & Co, Md.

Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Beach		Montgomery		MARYLAND		
	Date of death		1905	Sept	14	Age	59	Months	Days
	Sex		Male		Color or Race		White		Birth-place
	Occupation		Carpenter		Where Residing if not at place of death		X		
	Married, Single or Widowed		Married		Name of Wife or Husband		Elizabeth D. Reed.		
	Father's Name		✓		Father's Birthplace		✓		
	Mother's Maiden Name		✓		Mother's Birthplace		✓		
	Name of person giving information		Elizabeth D. Reed		How related to deceased		Wife		
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis				How long		
	Immediate						How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		H. J. Pratt M.D.		
	Yps				Address		Pulmona		
	Accident or Suicide? X						M.D.		



Name
in
Full

Silas S. Ricketts.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>Near Glen</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Sept</i>	Day <i>25</i>	Age <i>16</i> Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Montgomery County</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Henry Ricketts</i>	Father's Birthplace <i>Montgomery County</i>		Mother's Birthplace		
Mother's Maiden Name		How related to deceased <i>Parent</i>			
Name of person giving information <i>Henry Ricketts</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gun shot wound</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo R Bell</i> Coroner
	Address <i>Potomac, Md</i>
Accident or Suicide? <i>Accident</i>	

27" 16

Name in Full

Certificate of Death

Katherine Riley

Town

County

Died at

Seneca

Montgomery

MARYLAND

Date 189

1905

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

9.

27

Age

3.

-

-

Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's
Name

John Riley

Mother's
Name

Cause of

Primary

Death

Immediate

Drowned

How long sick

Drowned
Accident, Suicide, Homicide

Reported by

Le Housse

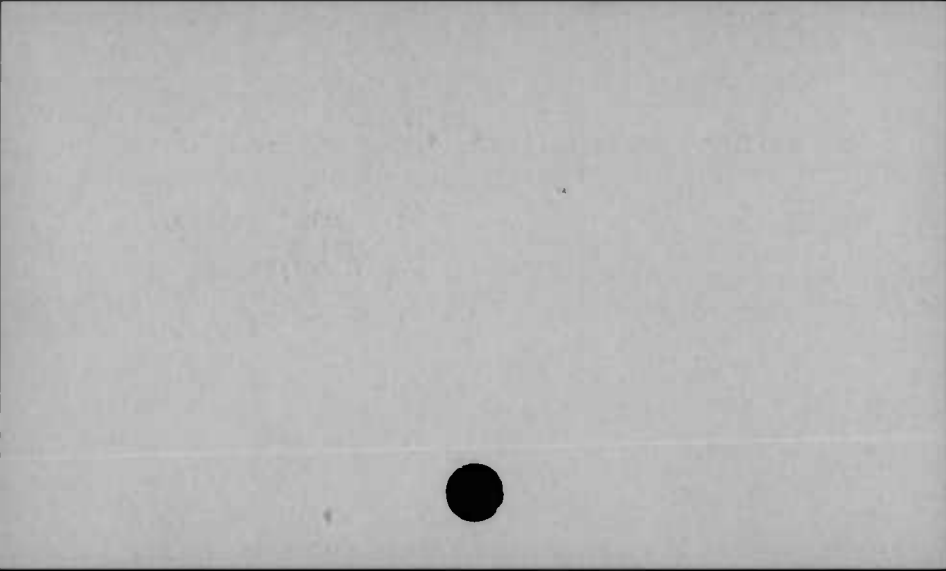
Address

Darnestown

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Clara Daisy Taylor

CERTIFICATE OF DEATH

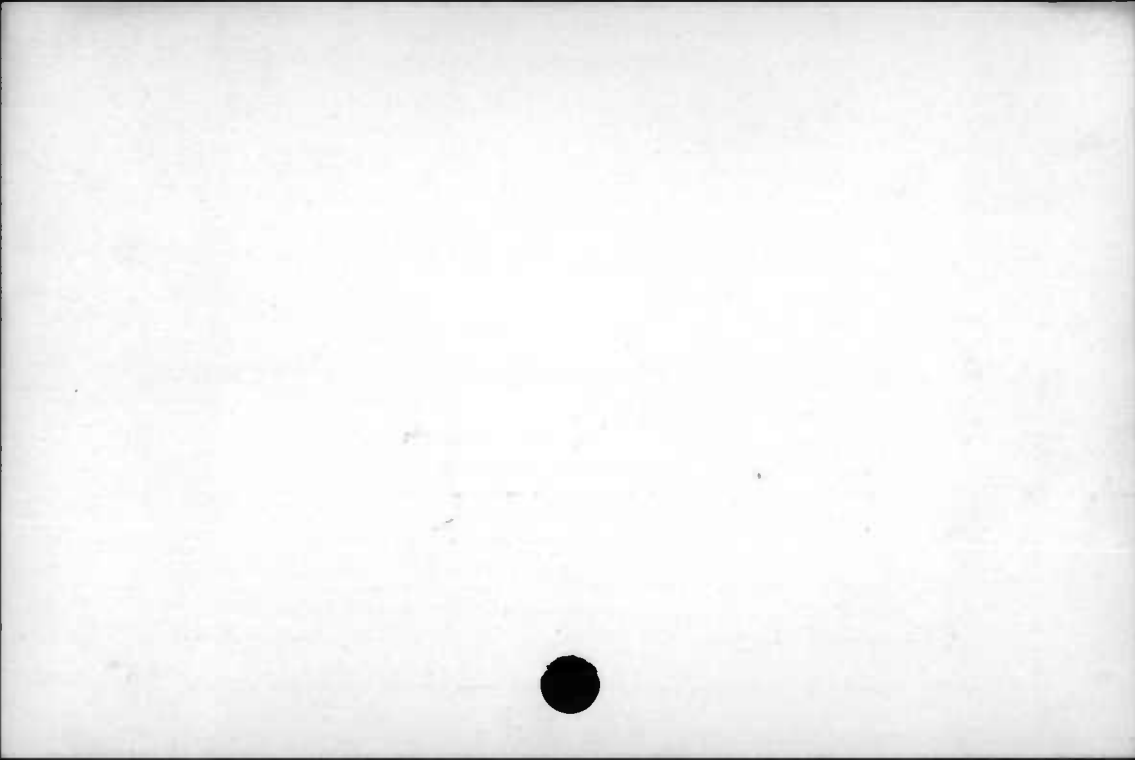
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Plyer		County Montgomery		MARYLAND	
Date of death 190		Month Sept	Day 21	Age Years		Months 11	Days 6
Sex	Female	Color or Race Black		Birth-place Md			
Occupation None		Where Residing if not at place of death Same					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Joshua Taylor				Father's Birthplace Md			
Mother's Maiden Name Carrie Taylor				Mother's Birthplace Md			
Name of person giving information Carrie Daisy				How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	Seven months
Immediate	Marasmus	How long	Seven months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Eugene Jones
		Address	Kennington Md
Accident or Suicide?	No		



Name
in
Full

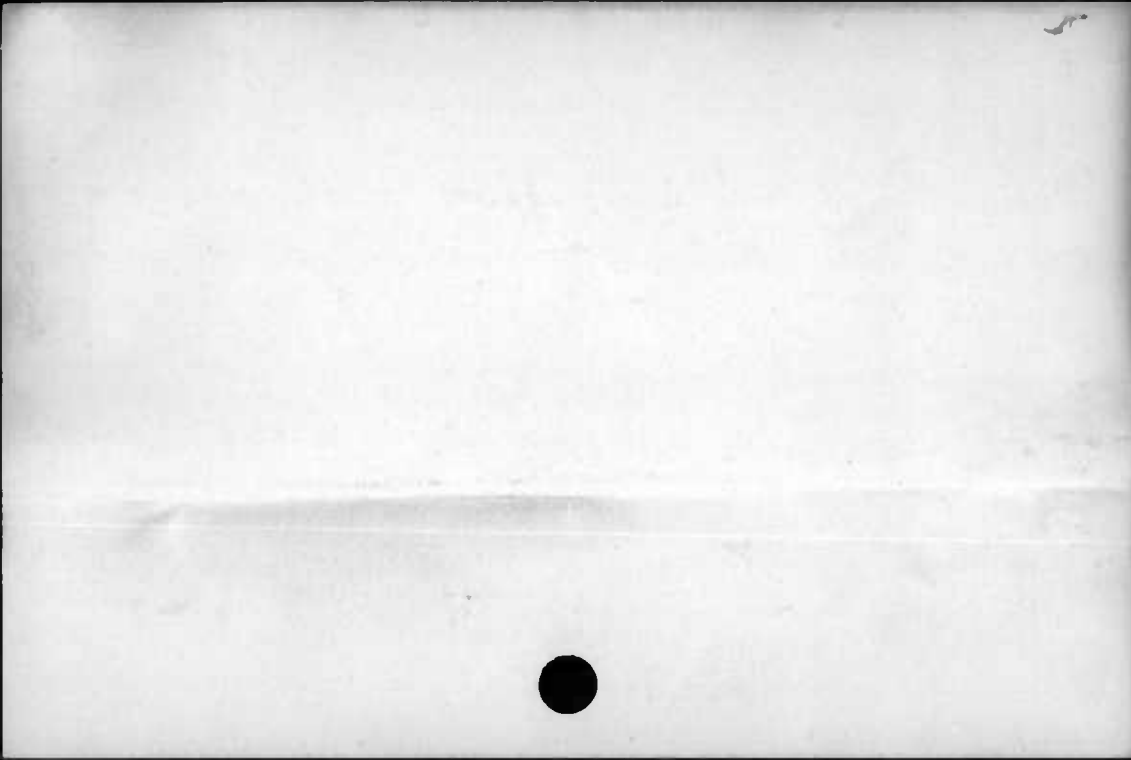
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Samuel Thompson</i>		Town <i>Spencerville</i>		County <i>North</i>		MARYLAND	
Died at		Month <i>Sept</i>		Day <i>10</i>		Years <i>6</i>	
Date of death		<i>1905</i>		Age		Months <i>6</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Spencerville</i>			
Occupation <i>-</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>X</i>				Name of Wife or Husband <i>-</i>			
Father's Name <i>Calder Thompson</i>				Father's Birthplace <i>Spencerville</i>			
Mother's Maiden Name <i>Sarah Boston</i>				Mother's Birthplace <i>Spencerville</i>			
Name of person giving information <i>Father</i>				How related to deceased <i>-</i>			

CAUSES OF DEATH

Primary <i>Pertussis</i>	How long <i>3 weeks</i>
Immediate <i>Exhausting</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. Butler</i>
	Address <i>Spencerville</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Arthur Turner (Colored)

Town

County

Died at

Beallsville

Munty

MARYLAND

Date

of death 1905

Month

9

Day

3

Years

18

Months

1

Days

18

Sex

Male

Color or
Race

Negro

Birth-
place

Beallsville Md.

Occupation

Waited on a physician

Where Residing if not
at place of death

Philadelphia. Pa.

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Saml Turner

Father's
BirthplaceMother's
Maiden Name

Louisa Turner

Mother's
Birthplace

Munty Co. Md.

Name of person giving
Information

Physician

How related
to deceased

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

8 mo.

Immediate

Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

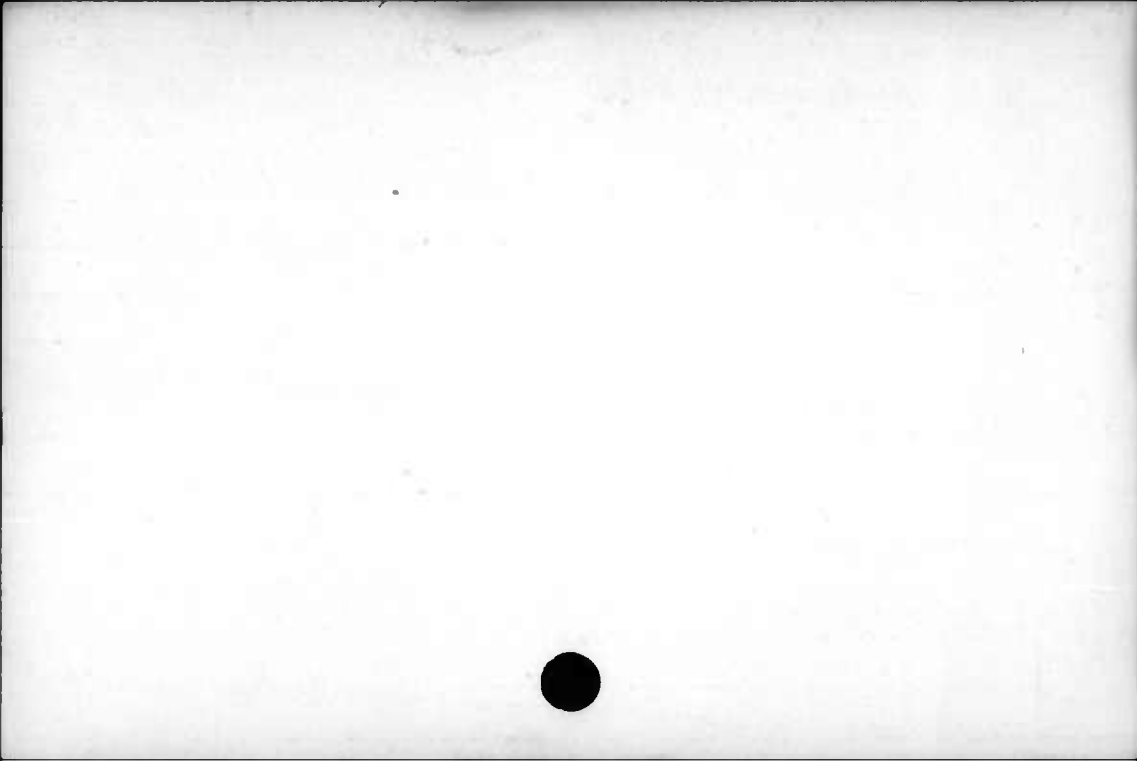
U. D. Boursse M.D.

Address

Dawsonville Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Husky Ransy Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Unity* ^{County} *Montg.* MARYLAND

Date of death 1905 ^{Month} *Sept* ^{Day} *14* Age ^{Years} *2* ^{Months} *9* ^{Days}

Sex *Female* Color or Race *Colored* Birth-place *Unity*

Occupation _____ Where Residing if not at place of death _____

Married Single
or Widowed~~Name of late or~~
~~Husband~~Father's
Name*Richard Miles*Father's
Birthplace*Montg Co*Mother's
Maiden Name*Rose Giles*Mother's
Birthplace*Montg. Co*Name of person giving
Information*Richard Miles*How related
to deceased*Sister*

CAUSES OF DEATH

Primary

Enterocolitis

How long

3 weeks

Immediate

Exhaustion

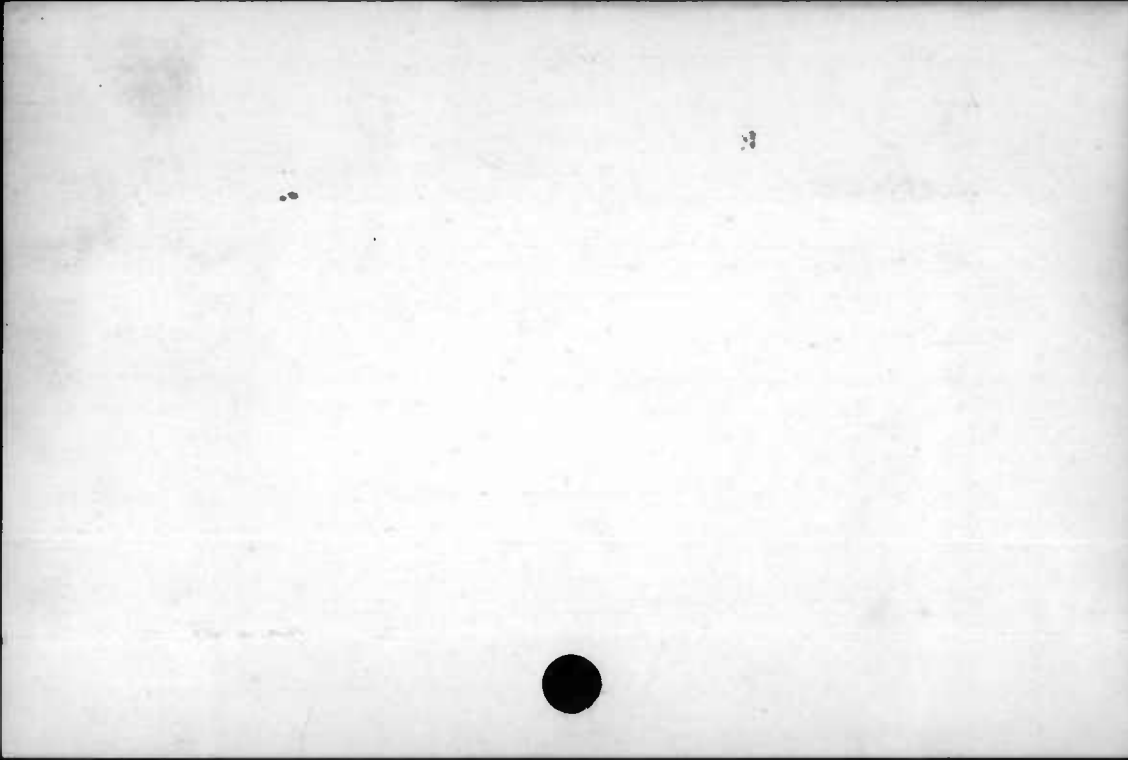
How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*H. G. Spurrer*

Address

Unity P.O.

Accident or Suicide?



Name in Full

Certificate of Death

Hester White Viers

Town

County

Beane

Montgomery

MARYLAND

Died at

Date 189

Month

Day

Y

M.

D.

Native of

Occupation

10-9

9 7

Age

82, 3, 21

Md.

Housewife

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

8

~~Husband~~

of

S. Clark Viers

Wife

Father's

Name

Eli Viers

Mother's

Name

Cause of

Primary

Senility

Death

Immediate

Heart, old injury

How long sick

18 mos.

Accident, Suicide, Homicide

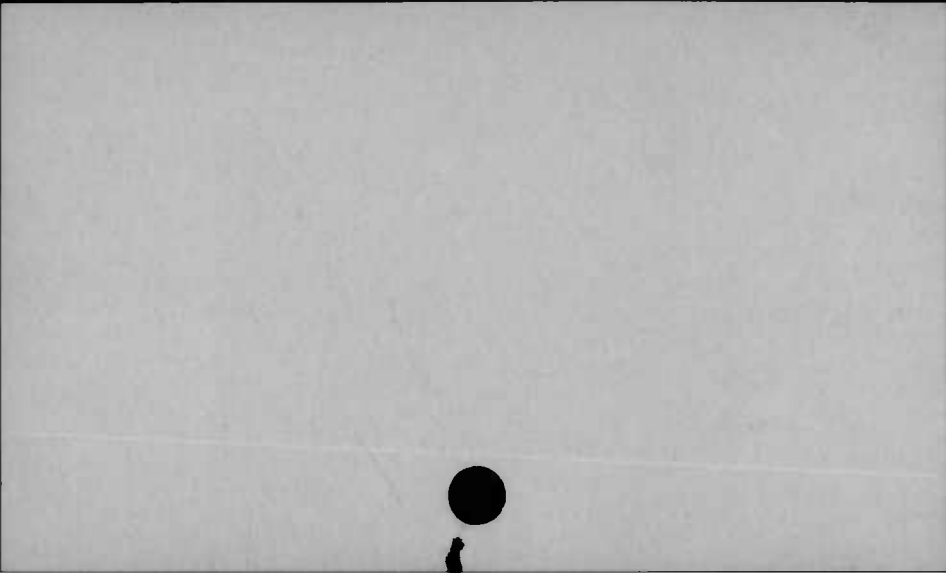
Reported by

Address

John L. Lewis, M.D.
Bristow, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



David Smith Ward
 Town County

MARYLAND

Died at Woodfield Mont.
 Month Day Y. M. D. Native of Occupation

Date 19 05- 9 14 Age 1 11 11 U. S.
 Male White Married Widew Divorced
 Female Colored Single Widower Number of children living

Husband of
 Wife

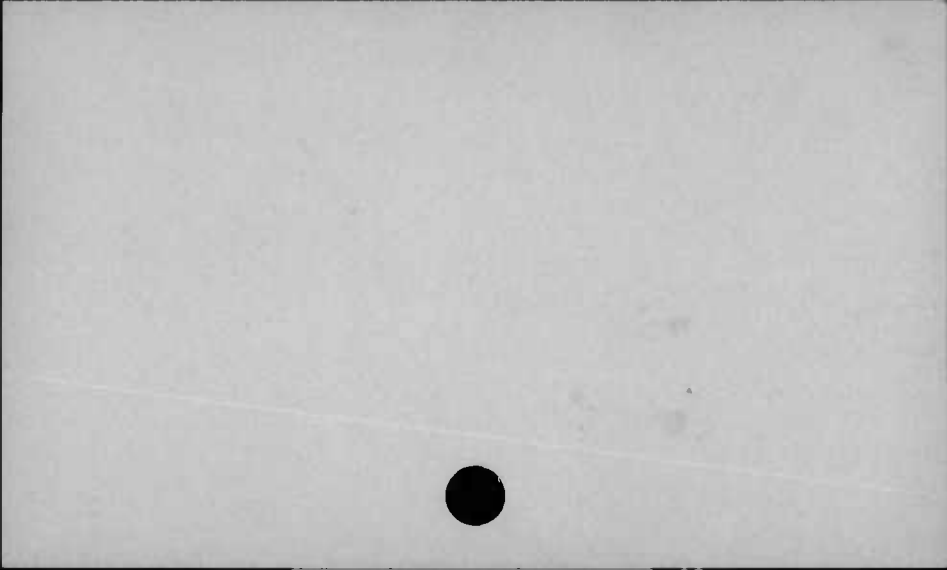
Father's Name David Ward Mother's Name Sedalia Woodfield
 Maiden Name

Cause of Death { Primary Dysentery
 Immediate Meningitis
 How long sick 2 weeks
 Accident, Suicide, Homicide

Reported by P. S. Lumsdale M.D.

Address Damascus Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

Amelia Niedand
Chest

Town

County
Montg

MARYLAND

Died at

Date
of death 1905Month
SeptDay
30

Age

Years
61Months
XDays
X

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

Housewife

Where Residing if not
at place of death

New Jersey

Married, Single
or Widowed

Married

Name of Wife or
Husband

?

Father's
Name

August Shauer

Father's
Birthplace

Germany

Mother's
Maiden Name

X

?

Mother's
Birthplace

X

?

Name of person giving
In formation

Isabella Blaurock

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

1 Year

Immediate

" hemorrhage

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. J. P. M. M.D.

Address

Baltimore

Md.

Accident or Suicide?

X

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

